Complete Summary

GUIDELINE TITLE

Calcaneal/hindfoot injury.

BIBLIOGRAPHIC SOURCE(S)

Calcaneal/hindfoot injury. Philadelphia (PA): Intracorp; 2005. Various p. [13 references]

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2005 to July 1, 2007.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

On April 7, 2005, the U.S. Food and Drug Administration (FDA) asked manufacturers of prescription and non-prescription (over the counter [OTC]) non-steroidal anti-inflammatory drugs (NSAIDs) to revise their labeling to include more specific information about the potential gastrointestinal (GI) and cardiovascular (CV) risks, and information to assist consumers in the safe use of the drug. See the FDA Web site for more information.

Subsequently, on June 15, 2005, the FDA requested that sponsors of all NSAIDs make labeling changes to their products. FDA recommended proposed labeling for both the prescription and over-the-counter (OTC) NSAIDs and a medication guide for the entire class of prescription products. All sponsors of marketed prescription NSAIDs, including Celebrex (celecoxib), a COX-2 selective NSAID, have been asked to revise the labeling (package insert) for their products to include a boxed warning, highlighting the potential for increased risk of cardiovascular (CV) events and the well described, serious, potential life-threatening gastrointestinal (GI) bleeding associated with their use. FDA regulation 21CFR 208 requires a Medication Guide to be provided with each prescription that is dispensed for products that FDA determines pose a serious and significant public health concern. See the FDA Web site for more information.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Calcaneal/hindfoot injury

- Subtalar dislocation also called peritalar dislocation
- Calcaneal fracture (extraarticular or intraarticular)

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Chiropractic
Family Practice
Orthopedic Surgery
Physical Medicine and Rehabilitation
Podiatry

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis and management of calcaneal/hindfoot injury that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Individuals with calcaneal/hindfoot injuries

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests:
    - Plain radiographs of the foot and ankle
    - Computed tomography (CT) scan
    - Bone scan, if indicated

Management/Treatment

1. Non-surgical treatment
    - Rest, ice, elevation (RICE)
    - Non-steroidal anti-inflammatory drugs (NSAIDs), analgesics
    - Referral to specialists
2. Surgical treatment
    - Closed reduction (with or without anesthesia)
    - Open reduction
    - Pinning (with or without anesthesia)
    - Cast immobilization (surgical and non-surgical)
3. Non-weight bearing
4. Fusion (late, if needed)
5. Physical therapy, if needed

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the

U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Severe pain
- Tenderness
- Inability to bear weight
- Altered activities of daily living (ADLs)
- Numbness, tingling

Objective Findings

- Deformity, bone displacement
- Bruising, discoloration
- Swelling
- Tenderness
- Crepitus
- Joint instability
- Altered pulses
- Impaired neurological signs
- Skin impairment
- Hyperesthesia

Diagnostic Tests

- Plain radiographs of the foot and ankle
- Computed tomography (CT) scan (to detect small and subtle bone fractures)

- Bone scan (ONLY if indicated later in course of treatment to rule out avascular necrosis)

Differential Diagnosis

- Tarsal fracture
- Fibular fracture
- Talar fracture (see the Intracorp guideline Ankle Fracture, Talus)
- Open fracture/dislocation (skin broken)
- Chondral injury (damage to the cartilage of the joint surface)
- Neurovascular injury

Treatment

Treatment Options

- Rest, ice, elevation (RICE)
- Non-steroidal anti-inflammatory (NSAIDs), analgesics
- Closed reduction (+/- anesthesia)
- Open reduction (for open fractures, fractures that have failed closed reduction, or multiple fractures)
- Pinning (+/-)
- Cast immobilization (surgical and non-surgical)
- Non-weight bearing
- Fusion (late, if needed)

Duration of Medical Treatment

- Non-Surgical - Optimal: 42 day(s), Maximal: 84 day(s)
- Surgical - Optimal: 84 day(s), Maximal: 180 day(s)

Additional information regarding primary care visit schedules, referral options, specialty care, physical therapy, chiropractic treatment, and durable medical equipment is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving pain and/or swelling with immobilization, without surgery
- After surgical repair

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis and management of calcaneal/hindfoot injury that assist medical management leaders to make appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

State jurisdictional guidelines may supersede the recommendations of this guideline.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Calcaneal/hindfoot injury. Philadelphia (PA): Intracorp; 2005. Various p. [13 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Intracorp Disability Clinical Advisory Team (DCAT)
Medical Technology Assessment Committee (MTAC)
Intracorp Guideline Quality Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

Reprints of complete guideline content may be purchased for $35.00 per title (plus tax in TX at 8.25% and CT at 1.0%). Please send e-mail request to lbowman@mail.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at www.intracorp.com.

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: lbowman@mail.intracorp.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on August 9, 2005. The information was verified by the guideline developer on August 31, 2005.

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DISCLAIMER

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